



Memorial Sloan-Kettering
Cancer Center

Physician Billing Department

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL
646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

HELEN S KAHANER
20 HARROGATE DRIVE
HILTON HEAD ISL, SC 29928



PATIENT: HELEN S KAHANER		MRN: 35156600	
MAKE CHECK PAYABLE TO: PHYSICIAN BILLING DEPARTMENT			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> OTHER CARD			
CHARGE #	TO CREDIT CARD #		
SIGNATURE	EXP DATE:		
STATEMENT DATE	DUE DATE	AMOUNT YOU OWE	AMOUNT ENCLOSED
11/24/07	12/09/07	\$2771.14	\$

MAIL PAYMENT TO:

PHYSICIAN BILLING DEPARTMENT
PO BOX 26352
NEW YORK, NY 10087-6352

☐ PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS
CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL
646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE
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THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS
AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE
CLAIMS AND PAYMENTS.

CHARGES	INVOICE NUMBER: 13066057	PAYMENT ACTIVITY
PROVIDER: NANCY ROISTACHER MD CARDIOLOGY GROUP		02/26/07 TOTAL CHARGES \$40.00
02/26/07 EKG, INTERPRETATION AND REPORT ONLY \$40.00		02/26/07 INSURANCE CLAIM PAID \$40.00
TOTAL CHARGES: \$40.00		02/26/07 PAYMENT FROM INSURANCE \$40.00
		AMOUNT YOU OWE \$0.00
CHARGES	INVOICE NUMBER: 13066898	PAYMENT ACTIVITY
PROVIDER: TUNC A IYRIBOZ MD RADIOLOGY GROUP		02/26/07 TOTAL CHARGES \$55.00
02/26/07 PRE-ADMISSION CHEST LATERAL/FRONT \$55.00		02/26/07 INSURANCE CLAIM PAID \$55.00
TOTAL CHARGES: \$55.00		02/26/07 PAYMENT FROM INSURANCE \$55.00
		AMOUNT YOU OWE \$0.00
CHARGES	INVOICE NUMBER: 13103689	PAYMENT ACTIVITY
PROVIDER: ROBERT T HEELAN MD RADIOLOGY GROUP		03/09/07 TOTAL CHARGES \$45.00
03/09/07 CHEST SINGLE VIEW FRONTAL. \$45.00		03/09/07 INSURANCE CLAIM PAID \$45.00
TOTAL CHARGES: \$45.00		03/09/07 PAYMENT FROM INSURANCE \$45.00
		AMOUNT YOU OWE \$12.15

CONTINUED ON REVERSE SIDE ...

GUARANTOR/ADDRESS CHANGES							
PATIENT NAME				GUARANTOR NAME (IF NOT SAME AS PATIENT)			
STREET ADDRESS, APT #							
CITY		STATE / PROVINCE		POSTAL CODE		COUNTRY	
EMPLOYER						WORK PHONE NUMBER	
EMPLOYER STREET ADDRESS				CITY		STATE ZIP CODE	
INSURANCE CHANGES - PRIMARY				INSURANCE CHANGES - SECONDARY			
INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO		INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO	
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH		SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE		I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	
MAILING ADDRESS FOR CLAIMS				MAILING ADDRESS FOR CLAIMS			
CITY		STATE ZIP CODE		CITY		STATE ZIP CODE	

*** IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE ***

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

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MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

CHARGES		INVOICE NUMBER: 13131689
PROVIDER: SAMSON W FINE MD PATHOLOGY GROUP		
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM	\$300.00	
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM	\$300.00	
03/09/07 DECALCIFICATION PROCEDURE	\$20.00	
03/09/07 LEVEL IV-GROSS AND MICROSCOPIC EXAM 5 UNIT[S]	\$750.00	
TOTAL CHARGES: \$1370.00		
CHARGES		INVOICE NUMBER: 13220113
PROVIDER: HARRY W HERR MD UROLOGY GROUP		
03/09/07 NEPHRECTOMY, PARTIAL	\$11865.00	
03/09/07 ULTRASOUND, INTRAOPERATIVE	\$500.00	
TOTAL CHARGES: \$12365.00		
CHARGES		INVOICE NUMBER: 13243203
PROVIDER: PAUL H DALECKI MD ANESTHESIOLOGY GROUP		
03/09/07 KIDNEY, URETER SURG 235 MINUTES.....	\$2990.00	
TOTAL CHARGES: \$2990.00		

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STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

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MEDICAL RECORD # 35156600
 PATIENT NAME: HELEN S KAHANER

INVOICE NUMBER: 13710980		PAYMENT ADJUSTMENT	
CHARGES		09/27/07 TOTAL CHARGES \$585.00	
PROVIDER: ARTHUR A FRUAUFF MD RADIOLOGY GROUP		09/22/07 INSURANCE CO. PAID \$526.50	
09/27/07 CT ABDOMEN W/CONTRAST.	\$305.00	10/31/07 PAYMENT ADJUSTMENT CONTRACT ASSIGNED \$58.50	
09/27/07 CT PELVIS W/CONTRAST.	\$280.00	AMOUNT YOU OWE \$0.00	
TOTAL CHARGES: \$585.00			
INVOICE NUMBER: 13722902		PAYMENT ADJUSTMENT	
CHARGES		10/01/07 TOTAL CHARGES \$85.00	
PROVIDER: HARRY W HERR MD UROLOGY GROUP		07/01/07 INSURANCE CO. PAID \$0.00 (A)	
10/01/07 OFFC VST, EST PAT, LVL 2	\$85.00	07/01/07 PAYMENT ADJUSTMENT CONTRACT ASSIGNED \$0.00 (B)	
TOTAL CHARGES: \$85.00		AMOUNT YOU OWE \$85.00	

YOUR ACCOUNT IS NOW IN OUR IN-HOUSE COLLECTION UNIT. PLEASE REMIT PAYMENT BY THE DUE DATE TO AVOID FURTHER COLLECTION EFFORTS.
 YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07. PAYMENTS RECEIVED BEFORE 12/31/07 MAY BE TAX DEDUCTIBLE.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 12/09/07
\$2796.85	\$25.71	\$2771.14